

DEPARTMENT HEALTH & WELFARE

C.L. BUTCH OTTER - Governor RICHARD M. ARMSTRONG - Director PRESIDENT/CEO'S OFFICE BUREAU OF FACILITY STANDARDS

DEBRARANSOM, R.N., R.H.LT., CHIM Science Streets PHONE DESIGNATION FAY DYR. 3AL 4888

7001 NOV 1

MERCY MEDICAL CENTER NAMPA, IDAHO

October 30, 2007

Joseph Messmer Mercy Medical Center 1512 12th Avenue Road Nampa, Idaho 83686

Mercy Medical Center, provider #130013 RE:

Dear Mr. Messmer:

This is to advise you of the findings of the Complaint Investigation, which was concluded at your facility on October 3, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction form, CMS-2567, listing Medicare deficiencies. The hospital is under no obligation to provide a plan of correction for Medicare deficiencies. If you do choose to submit a plan of correction, provide it in the spaces provided on the right side of each sheet. It is important that your Plan of Correction address each deficiency in the following manner:

- Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
- Identify the person or discipline responsible for monitoring the changes in the system to ensure 2. compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- Identify the date each deficiency has been, or will be, corrected.
- Sign and date the form in the space provided at the bottom of the first page. Whether you choose to provide a plan of correction or not, please sign and date the form and return it to our office by November 12, 2007. Keep a copy for your records. For your information, the Statement of Deficiencies is disclosable to the public under the disclosure of survey information provisions.

Joseph Messmer October 30, 2007 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GARY GÜILES

Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw

Enclosures

Mercy Medical Center

November 12, 2007

Bureau of Facility Standards Attention: Gary Guiles P.O. Box 83720 Boise, ID 83720-0036

Mr. Guiles,

Enclosed is the Plan of Correction for the findings of the complaint survey at Mercy Medical Center that was conducted on October 3, 2007.

If you have any questions, please do not hesitate to contact me at (208) 463-5889.

Sincerely,

Ryan Lund

Director Performance Improvement

Enclosure

RECEIVED

NOV 14 2007

FACILITY STANDARDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2007 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		420042	B. WIN			С	
		130013		-		10/0	3/2007
	ROVIDER OR SUPPLIER MEDICAL CENTER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 000	INITIAL COMMEN	rs	Α(000			
		FS, Team Leader s, RN, HFS					
	Acronyms used in t	his report include:					
A1104	Dr = doctor ED = Emergency Department Pt = patient RN = Registered Nurse		A1 1	104			
	This STANDARD is Based on observation of clinical records a determined that the policies and proceed provided in the emergestablished and months and policies did not the monitoring of pattern of the patients (#s 10, 22, presented to the Elinclude:	s not met as evidenced by: on, staff interview, and review and hospital policies, it was facility failed to ensure lures governing medical care ergency department had been onitored by the medical staff. provide direction to staff for atients. This lack of guidance care of 6 of 28 sampled 23, 28, 33, and 36), who of for evaluation. The findings					
_ABORATOR`	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES TENO COO MENICADE MAFRICAID SERVICES

CENIER	<u>KS PUK MEDIGAKE</u>	<u> O PIEULVAIU OENVIVER</u>	ned transmission	wire contract of the	and the second s		····
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CAIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLET	
1		Perekinan	8. Wil	32°.	Medicilistopes Blobs (pojen) tre regionje austicilistici i i ililia (1838-1844) Nei 1842 Niles (1820-1844).	C C	
i News		130013		determinance Se 1975 or over	unes (A a trace) e una troja en brai digui de estino de la masse (A a trace) e trace e un en en en en en en en La companya e un en	10/03	/2007
NAME OF P	ROVIDER OR SUPPLIER						
MERCY	MEDICAL CENTER		1512 TWELFTH AVENUE ROAD NAMPA, ID 83686				
(X4) ID PREFIX TAG	I FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREPIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			OULD BE	COMPLETION COMPLETION DATE
A1104	Continued From page 1 1. ED policies did not provide direction to staff for the monitoring of patients. Examples include:			104	Cont: o Alcohol Substance Abuse Withdraw o Management / Assessment o Multidisciplinary Policy	al	
	The policy "PROTOCOL & PROCESS FOR TRIAGE AND PRE-REGISTRATION", dated September 2003, stated "All patients will be seen by the Triage nurse before pre-registration." This did not occur. A tour of the ED was conducted on 10/1/07 at 10.45 AM. Walk-in patients went to a pre-registration area and were pre-registered prior to being brought to the waiting room outside the triage area.				EMTALA Policy Credentialing and Privileging Bylav Rules and Regulations Policy Credentialing and Privileging Bylav Rules and Regulations Policy		
	The policy "Triage Nurses Responsibilities", not dated, stated "1. The triage nurse will initiate the triage process within 2-5 minutes of the patient's arrival." This did not occur. Triage did not occur for over an hour in some cases, as noted in the examples below. The policy also defined Acuity Categories which called for reassessment of patients at intervals based of acuity levels. These levels included:				Credentialing and Privileging Bylav Rules and Regulations Policy Emtala Patient / Family Education Multidis Protocol Patient Care Policy: Medication Administration/management Materials Management		
The foundation was the first management of the first m	"Level 1 - resuscitation: continuous care Level 2 - emergent: every 15 minutes Level 3 - urgent: every 30 minutes Level 4 - semi-urgent: every 60 minutes Level 5 - non-urgent: every 120 minutes" Reassessment based on these time frames also did not occur, as noted in the examples below. 2. The tack of direction to staff resulted in the				Safety Manual: Medical Equipment Management Program Standard # 8 Medication Management Policy Pyxis 2000 Protocol Materials Management Policy	: -1	
inia Aglamananiki (1900)			TO THE RESIDENCE AND ADDRESS OF THE PERSON O		 Lab Policy: Chain of Custody Drug Collection Procedure Analytic Testing Procedures for Sp 		the second secon
Principal Company of the Company of	timely manner an patients while the	oital to triage ED patients in a did a lack of monitoring of those y waited to be assessed. This of 6 of 28 sampled patients (#s	11 A 2 1 A 1 B 1 B A 1 B		o Communication of Critical Test re-	sults	
	10, 22, 23, 28, 33	or 5 or 25 sampled patients (#5 , and 36), who presented to the Examples include:	2 11/2/20		o HIPPA Policy		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MILLTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		130013	S. 4446 <u> </u>		ž.) 3/2007
	ROVIDER OR SUPPLIER MEDICAL CENTER		10	REET ADDRESS, CITY, STATE, ZIP COCE 512 TWELFTH AVENUE ROAD IAMPA, ID 83686	and and a second section of the second section of the second second section of the second second second second	
(X4) 10 PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	erefix Tag	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	XJLD BE	(XS) COMPLETION DATE
A1104	Continued From pa	age 2	A1104	o Emergency Preparedness Policy (35	50)	(<u> </u>
	presented to the E parent stated he had vomiting and diard at 8:25 PM (44 mir temperature was 1 acuity level of 3. For the waiting room to triage nurse documents and Benefits." The was interviewed or stated she could not triage the patient. I know why the patient according to the "T policy. * Patient #22 was a presented to the E complaining of von	a 2 year old male who D on 7/8/07 at 7:41 PM. His ad a fever up to 103, and had hea. The patient was triaged hutes after arrival). His 01.3. He was asssigned an hollowing triage, he waited in he be seen. At 9:35 PM, the hented "Pt left without my not allowed to explain Risks Director of the ED, an RN, h 10/2/07 at 2:35 PM. She hot explain why it took so long to She also stated she did not had not been reassessed higher Responsibilities" 17 year old female who D on 9/24/07 at 4:46 PM higher and dizziness. She had higher and dizziness. She had		Upon review of current policy: "Process for Triage and Pre-Registra are currently re-evaluating and implay a revised policy to implement improbased upon this survey. This will in education and monitoring. Improve include: Triage policy and practice is the revised to redirect patient flow to triage (ED Director & PI Director). Streamlining documentation for timely process flow and production, IT, PI Director). Developing a reassessment son Director, IT, PI Director). Developing triage education focus on guidelines and recommendations from the All Healthcare Research and Qual (AHRQ) (ED Director, Clinical Education of Evaluating "tracker system" to methods for improving reasses.	tion" we dementing overhead to be demented by directly di	12/17/07 11/19/07- 12/17/07 11/19/07- 12/17/07 12/17/07 -2/28/08
	She was also 7 mc	bile accident the day before. In this pregnant. The record less triaged at 5:15 PM (29		times based upon acuity (colo blinking, etc) (ED Director, IT)	r changes,	12/17/07
	minutes after arrive documented until 6 an ED room at 5:2 treated by a physic	al) but her vital signs were not i:24 PM. She was admitted to 7 PM. She was evaluated and ian. She was discharged to		 Monthly audit process being of to review charts to assess trial assessment times and review improvement methods based (ED Director, PI Director) 	ge and	12/1/07- Ongoing
	was interviewed or stated she could nating triage the patient.	The Director of the EŌ, an RN, 10/2/07 at 2:35 PM. She ot explain why it took so long to		 Once all interventions are imported by Mercy Medical Center will control evaluate based upon the hosp Performance Improvement Methodology (PDSA Cycle) (PI Director) 	ontinue to itals	Ongoing
	presented to the E vomiting "today". 10:27 AM and assi	a 1 month old male who D on 9/23/07 at 10:20 AM for The patient was triaged at gned an acuity level of 4. The a and his vital signs were within		 Emergency room expansion i anticipated to assist with patie 		7/1/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTE A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
en Tari		130013	5. WWG	makende er	C 10/03/3	2007
	PROVIDER OR SUPPLIER		11	EET ADDRESS, CITY, STATE, ZIP CODE 512 TWELFTH AVENUE ROAD AMPA, ID 83686	and the second s	
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencies Y must be preceded by full LSC identifying information)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE :	(AB) MORETRON DATE
A1104	normal limits for hinursing note state: CRYING." The pathe waiting room utaken to a room in documented at 12. INITIAL EVAL ON ROOM AND ADVIBE IN. WHEN DRAND FAMILY WAITO BE LOCATED. evaluation referred present in the recopatient's condition hours and 26 minutriaged. The Directinterviewed on 10/she could not explore-evaluated in a till "Patient #28 was a presented to the Ecomplaining of she Complaining of she could not triage after arrival). The been sent to the Esigns were normal pulse 79, respiration 95% on room air.	s age. The accompanying is "CONTENT INFANT. NOT tient and his parent waited in ntil 11:07 AM when they were the ED. A nursing note was 53 PM which stated "DID BABY WHEN HE CAME TO SED THEM THAT DR WOULD WENT TO SEE PT BOTH PT GONE AND WERE UNABLE" Documentation of the initial to in the above note was not rd. An assessement of the was not documented for 2 tes after the patient was for of the ED, an RN, was 2/07 at 2:35 PM. She stated ain why the patient was not	A1104			
	in the waiting room taken to a room in patient stated she out of the hospital Director of the ED, 10/2/07 at 2:35 PM explain why it took	until 3:44 PM when she was the ED. At 3:55 PM, the felt better and signed herself against medical advice. The an RN, was interviewed on the She stated she could not so long to triage the patient.	er entrenen er elle er mensem till år forest å grædt mente entrenen mentem mensem en		as veneral de l'edite e . The contrappet our production production of the contrappet	SS (1974) Krist der spelans der

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPL A BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		130013	8. WING	NOTIFICATION AND AND AND AND AND AND AND AND AND AN	100	C 03/2007		
	PROVIDER OR SUPPLIER MEDICAL CENTER		151	ET ADDRESS, CITY, STATE, ZIP 2 TWELFTH AVENUE ROAD MPA, ID 83686	Manager and Company of the Company o			
(X4) (D PREFIX TAG	(EACH DEFICIENC	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(XE) COMPLETION DATE		
A1104	complaining of abd directly in a room in documented at 5:0 pressure 141/75, p temperature 99.9; room air. No docu accompanied the v was drawn at 5:20 at 7:20 PM, includin PM. The patient w 3. No nursing asserbetween 5:09 PM aminutes). The phy 6:20 PM. The patient to home at 10:19 PRN, was interviewed stated she could not triage and more full *Patient #36 was a presented to the Et parent stated he will and he did not have assigned an acult examined and disc The Director of the on 10/2/07 at 2:35	on 9/6/07 at 5:06 PM ominal pain. He was placed in the ED. Vital signs were 9 PM. They included blood ulse 99, respirations 18, and oxygen saturation 94% on mented assessment ital signs. The patient's blood PM. Triage was documented by a pain assessment at 7:18 as asssigned an acuity level of essment was documented and 7:18 PM (2 hours and 9 sician examined the patient at ent was treated and discharged M. The Director of the ED, and on 10/2/07 at 2:35 PM. She of explain why it took so long to by evaluate the patient. To month old male who D on 9/24/07 at 6:14 PM. His build not eat and was crying was moved to a room in the triage was not documented until signs were within normal lmits a fever. The patient was y level of 4. The patient was harged to home at 8:20 PM. ED, an RN, was interviewed PM. She stated she could not so long to triage the patient.	A 2					



IDAHO DEPARTMENT OF HEALTH & WELFARE

CL 1801CH OFTER - Governor RICHARD M. AFANSTRONG - Disector

RECEIVED OFFICE

NOV 1 2007

BUREAU OF FACEUTY STANDARDS 3232 Edge Steel F.O. Ext 83720 Boise, Ed 83720-0036 PHONE 203-334-6616 FAX 203-384-1838

DEBRARANSON, R.N.R.H.I.T., CHEF

October 30, 2007

MERCY MEDICAL CENTER NAMPA, IDAHO

Joseph Messmer Mercy Medical Center 1512 12th Avenue Road Nampa, Idaho 83686

RE: Mercy Medical Center, provider #130013

Dear Mr. Messmer:

This is to advise you of the findings of the State Licensure Complaint Investigation Survey of Mercy Medical Center, which was concluded on October 3, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by November 12, 2007, and keep a copy for your records.

Joseph Messmer October 30, 2007 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GARY GUILES

Health Facility Surveyor Non-Long Term Care SYTVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw

Enclosures

Mercy Medical Center

November 12, 2007

Bureau of Facility Standards Attention: Gary Guiles P.O. Box 83720 Boise, ID 83720-0036

Mr. Guiles,

Enclosed is the Plan of Correction for the findings of the complaint survey at Mercy Medical Center that was conducted on October 3, 2007.

If you have any questions, please do not hesitate to contact me at (208) 463-5889.

Sincerely,

Ryan Lund

Director Performance Improvement

Enclosure

RECEIVED

NOV 14 2007

FACILITY STANDARDS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER: 130013			E WING _	(X3) DATE SURVEY COMPLETED C 10/03/2007				
received the co	ROYDER OR SUPPLIER	100010	STREET ADD	RESS CITY S	TATE, ZIP CODE			
	MEDICAL CENTER		Territoria de la composición della composición d	ELFTH AVENUE ROAD ID 83686				
(X4) ID PREFIX TAG	CACH DEFICIENC	LTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD SE COMPLETE		
8 000	16,03,14 Initial Cor	nments	9999-1048-1048-1048-1048-1048-1048-1048-1048	B 000		wood it is not to		
		iency was cited durin t your hospital. Surv estigation were:		danika teknologia dakturanya venyana na nada				
, was a start	Gary Guiles, RN, F Ree Jean McPhillip Patricia O'Hara, RI	os, RN, HFS	AND COST (CA. PROSTO PER	hankit free et bis somewerster.				
	Acronyms used in		e de la constitución de la const	s pe policial file de la companya de				
	Dr = doctor ED = Emergency [Pt = patient RN = Registered N		A re-preparation of the state o	to-ply crepressive seasons (Common distri-		name de cale (1996) i vidennamente d		
8 B 297	16.03.14.370.01 E and Procedures	mergency Service, P	Olicies	B8297	Mercy Medical Center has policies and procedures in place as listed below. Me Medical Center will review these policies take action as necessary.			
A THE STATE OF THE	care in a specific a organized plan for	provide emergency marea of the facility sha emergency care bas oneeds and the cape	ell have an sed upon		o Provision of Care (342)	And the state of t		
enterviewe de la companya de la comp	room of every hos and procedures. I with state and loca approved by the histalf, and nursing approved by the g procedures shell I the following: (10-2).	ocedures for handling	in policies formance res shall be n, medical shall be policies and nited to, accident		 Sexual Assault Policy and Proceds Bloodborne pathogens control pla TNCC Guidelines Abuse and Neglect (321) Information Confidential Public P (168) Autopsy (107) Mental Hold/Protective Custody 	n (290)		
	persons suspects	ns, contagious disea d of criminal acts, ab , emotionally disturbe	rused	Market Angle of the Company of the C	Emergency Preparedness System Bio-Terrorism Readiness Plan (36)			
Bureau of F	ecility Standards					/Yes mate		

), ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

HHWUM

if commusion sheet 1 of 7

Director of performence Improvement

	STATEMENT OF OSFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. SUILDING	LE CONSTRUCTION	COMPLETED (X3) DATE SURVEY		
		130013	a <u>lija j</u> a dalik	8 WING		F	72007	
	ROVIDER OR SUPPLIER MEDICAL CENTER		* The second	LFTH AVEN	TATE, ZIP CODE UE ROAD			
(X4; IG PREFIX TAG	(FACH DEFICIENC	LTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PAEPX TAB				
B8297	persons under the alcohol, persons or	age 1 influence of drugs ar ontaminated by radio ents dead on arrival;	active	B 227	Cont: O Alcohol Substance Abuse Withdo Management / Assessment Multidisciplinary Policy	rawal	-	
	regarding emerger care relating to citr	sibility shall be deline ncy care (including le nical privileges and specify a method to in: -14-88)	vels of pecialty	es est biologica est aprilia i a constituit de la constituit de la constituit de la constituit de la constituit	EMTALA Policy Credentialing and Privileging By Rules and Regulations Policy	laws and		
	c. Procedures that the emergency roo	can/cannot be perfo om; and (10-14-88)	rmed in	A TANISH ELONGERISIA ALGORA A	 Credentialing and Privileging By Rules and Regulations Policy 	laws and		
	d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88)			SALAY F SERVICE A BEN'NY F THE PLANT AND THE	 Credentialing and Privileging By Rules and Regulations Policy Emtala 	laws and	No. or of a lander of the following of t	
	e. Policies regardi patients requiring (10-14-88)	ng instructions to be follow-up services; a	given nd	AND AND THE PROPERTY OF THE PR	 Patient / Family Education Multi Protocol 	disciplinary	Charge of the control	
	f. Policies and sup of equipment, med (10-14-88)	porting procedures for dication, and supplies	or storage s, and	medel () kitak tidak katalan da k	Patient Care Policy: Medication Administration/management Materials Management		en akundisajajaja jarjajajaja komponente	
	g. Policy and supp emergency equip	oorting procedures fo ment; and (10-14-88)	r care of	READ PRINCIPLE & RESTORED	Safety Manual: Medical Equipm Management Program Standard #		And the second s	
	h. Instructions for equipment, and si	procurement of drug upplies; and (10-14-8	ıs, 38)	deligibation for the construction of the const	Medication Management Policy Pyxis 2000 Protocol Materials Management Policy		V S T T T T T T T T T T T T T T T T T T	
and the second s	i. Policy and supporting procedures involving toxicology; and (10-14-88) j. Policy and supporting procedures devised for notification of patient's physician and transmission of reports; and (10-14-88)			Colomo servanos excelorarios de Colomo servanos estados	Lab Policy: Chain of Custody Dr Collection Procedure Analytic Testing Procedures for			
And the second s				egus un factoristicate (a service)	o Communication of Critical Test	results	foreform talker foreby a serior	
Canada Antonio Canada	k. Policy involving disclosure of pati-	instructions relative ent information; and	to (10-14-88)	- 6 mar - 1 ma	o HIPPA Policy		and organization	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NU			(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		130013				10/03	/2007
	ROYDER OR SUPPLIER MEDICAL CENTER		 Control of the second of the se	LFTH AVEN	TATE, ZIP CODE UE ROAD		
DKG ID PREFIX TAG	(EACH DEFICIENCY	CTEMENT OF DEFICIENCE OF MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD SE	COMPLETE DATE
88297	Continued From pa	ige 2	Proposition Varieties	BB297	o Emergency Preparedness Policy (3	50)	
	into a disaster plan This Rule is not m	et as evidenced by: om of every hospital	Ettern ven myssymmetrope	And the control of th	 Upon review of current policy: "Pr Process for Triage and Pre-Registr are currently re-evaluating and imp a revised policy to implement impleased upon this survey. This will education and monitoring. Improvinclude: 	ation" we blementing rovements include	THE PARTY OF THE P
	of clinical records a determined that the policies and proced monitoring reflecte	lon, staff interview, a and hospital policies, e facility falled to ens dures regarding triag d the actual practice	it was ure ing and s of the	and the second s	 Triage policy and practice is revised to redirect patient flo to triage (ED Director & Pl Director Streamlining documentation timely process flow and process. 	w directly r) for more	12/17/07 11/19/07- 12/17/07
	sampled patients () who presented to the findings include: 1. ED policies did to the fine hospital relations.	cted the care of 6 of #s 10, 22, 23, 28, 33 he ED for evaluation not reflect the actual ted to triaging and th	and 36). The practices	estang dest gana verpasa anan-nasa	Director, IT, Pl Director) Developing a reassessment s Director, IT) Developing triage education assigned triage staff. Educat focus on guidelines and recommendations from the A Healthcare Research and Qu	for ion will agency for	11/19/07- 12/17/07 12/17/07 -2/28/08
	The policy "PROTO TRIAGE AND PRE September 2003,	nts. Examples incluided to the Examples incluided to the Example of the Example o	FOR dated ill be seen		(AHRQ) (ED Director, Clinical Ed Evaluating "tracker system" methods for improving reass times based upon acuity (col blinking, etc) (ED Director, IT)	to identify essment	12/17/07
	did not occur. A to 10/1/07 at 10:45 A pre-registration are prior to being brou	e before pre-registra our of the ED was co M. Walk-in patients as and were pre-regi ght to the waiting roo	nducted on i went to a stered		 Monthly audit process being to review charts to assess trian assessment times and review improvement methods based (ED Director, PI Director) 	age and	12/1/07- Ongoing
And the second s	dated, stated "1. T triage process with	Nurses Responsibili The triage nurse will in the 2-5 minutes of the toccur. Triage did	nitiate the a patient's		 Once all interventions are in Mercy Medical Center will of evaluate based upon the host Performance Improvement Methodology (PDSA Cycle) (PI Director) 	continue to pitals	Ongoing
And the state of t	for over an hour in examples below. Categories which	isome cases, as not The policy also defin called for reassessm is based of acuity lev	ed in the ed Acuity ent of	endikati ditaktura kanakana kanakana kanakana kanakana kanakana	 Emergency room expansion anticipated to assist with pat 		7/1/08

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A BUILDIN	PLE CONSTRUCTION	COMPLETED	
		130013		B. WING_		10/03/2007	
CONTRACTOR S	ANALIAN SECURIOR SECTION SECTIONS		grower are	OSDS PITTE	STATE, ZIP CODE	I IU/UJ/ZUUT	
	ROMOER OR SUPPLIER MEDICAL CENTER			LFTH AVE	1 N T	- Additional and the second of	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ed Prefix Tag	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
88297	Continued From pa	ge 3	3233 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 - 3333 -	38297			
	levels included:						
	Level 2 - emergent Level 3 - urgent: e Level 4 - semi-urge	tion: continuous care : every 15 minutes very 30 minutes ent: every 60 minute nt: every 120 minute	isabilisatelikutikutikutikutikutikutikutikutikutikut				
		ed on these time fran Ited in the examples	ş.			g e e e e e e e e e e e e e e e e e e e	
	failure of the hospit timely manner and patients while they affected the care of	nt policies resulted in al to triage ED patier a lack of monitoring waited to be assesse 6 of 28 sampled pal and 36), who present Examples include:	its in a of those ed. This ients (#s			AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
	presented to the EU parent stated he ha vomiting and diarrh at 8:25 PM (44 min) temperature was 10 acuity level of 3. For the waiting room to triage nurse docum knowlege and was and Benefits." The was interviewed on stated she could not triage the patient. Sknow why the paties	2 year old male who on 7/8/07 at 7:41 P d a fever up to 103, ea. The patient was utes after arrival). Hit is a seen. At 9:35 PN ented "Pt left without not allowed to explain Director of the ED, a 10/2/07 at 2:35 PM, at explain why it took the also stated she can thad not been reas riege Nurses Responses.	M. His and had is triaged in alted in Al, the my Risks en RN. She so long to sessed				
	presented to the Et	17 year old female v O on 9/24/07 at 4:46 illing and dizziness.	PM			parameter and a series and a se	

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM				CON) DATE SURVEY COMPLETED COMPLETED 10/03/2007	
	ROYDER OR SUPPLIER MEDICAL CENTER	Reconstruction of the second o	1	FTH AVENU	N. Darani		Angelea di Salahan kalangi di dalahan kalangi dalah k
(X4) IO PREFIX TAG	FACH DEFICIENC	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PREFIX TAS	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	MILD SE	COMPLETE DATE
	been in an automo She was also 7 modocumented she will an ED room at 5:2 treated by a physic home at 8:53 PM. RN, was interview stated she could not riege the patient. * Patient #23 was presented to the Evomiting "today". 10:27 AM and assignation and assignation was afebril normal limits for hoursing note state CRYING." The patient was afebril normal limits for hoursing note state CRYING." The patient was afebril normal limits for hoursing note state CRYING." The patient was afebril normal limits for hoursing note state CRYING. The patient was afebril normal limits for hoursing note state CRYING. The patient was a room in documented at 12 initial EVAL ON ROOM AND ADV BE IN. WHEN DIAND FAMILY WATO BE LOCATED evaluation referred present in the recognition hours and 26 min triaged. The Direct interviewed on 10 she could not expresent under the could not expresent un	bile accident the day onths pregnant. The vas triaged at 5:15 Ptel) but her vital signs 5:24 PM. She was evaluated in the Director of the fed on 10/2/07 at 2:35 of explain why it took a 1 month old male vito on 9/23/07 at 10:2 The patient was triagined an acuity level e and his vital signs to a 1 month old male vito on 9/23/07 at 10:2 The patient was triagined an acuity level e and his vital signs to a 1 month old male vito on 9/23/07 at 10:2 The patient was triagined an acuity level e and his vital signs to a 1 month old male vito a 1 month old male vito a 1 month old male vito and his parent will 11:07 AM when the ED. A nursing response to the ED. A nursing response to the ED. A nursing response to the ED. Them THAT DRIED THEM THEM THEM THAT DRIED THEM THEM THAT DRIED THEM THEM THEM THEM THEM THEM THEM THEM	record vi (29 vere not dmitted to usted and arged to ED, an FPM. She c so long to vino 0 AM for led at were within anying IT. NOT walted in they were note was "DID AME TO DR WOULD E UNABLE If the initial e was not of the d for 2 was he stated was not	7.000			
1. 1. 2. 1.	presented to the	ED on 8/27/07 at 2:3 nortness of breath an	5 PM	24 Oct 1975/2018 APP 1884	All Victoria		

Bureau of Facility Standards STATE FORM

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 130013			(X2) MULTI A. BUILDIN B. VIING	PLE CONSTRUCTION G	C 10/03/2007			
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DORESS, CITY, STATE, ZIP CODE					
	MEDICAL CENTER		1512 TWE NAMPA, I	ELFTH AVENUE ROAD ID 83686					
(X4) TO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	y full	PRÉFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	h should be	OCMPLETE DATE		
88297	97 Continued From page 5 She was not triaged until 3:07 PM (32 minutes			88297			Standard and an inchine of		
	been sent to the E signs were norma pulse 79, respirati 95% on room air.	inote stated the path D by a physician's of at blood pressure 1: ons 12, and oxygen of She denied pain. Si y level of 3. The path	ffice. Vital 25/84, saturation he was				and the control of the best of the control of the best of the control of the best of the b		
	assigned an acuity level of 3. The patient waited in the waiting room until 3:44 PM when she was taken to a room in the ED. At 3:55 PM, the patient stated she felt better and signed herself out of the hospital against medical advice. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not			edelegrates and the control of the c					
	* Patient #33 was presented to the E complaining of ab directly in a room documented at 5% pressure 141/75, temperature 99.9, room air. No documented the was drawn at 5/20 PM, includ PM. The patient v 3. No nursing ass between 5/09 PM minutes). The ph 6/20 PM. The patient via 15/20 PM. The patient v 3. The ph 6/20 PM. The ph 6/20 PM. The patient v 3. No nursing ass between 5/09 PM minutes). The ph 6/20 PM. The patient v 3. No nursing ass between 5/09 PM minutes). The ph 6/20 PM. The patient v 3/20 PM. She ste	a 78 year old male was on 9/6/07 at 5:06 dominal pain. He was in the ED. Vital signs and oxygen saturations and oxygen saturations was assigned an accessment was documented assessment was documented as PM (2 hours yeigian examined the signs. The pain as at 10:19 PM. The as interviewed on 10 at 2 and more fully examined and more fully examined.	who PM is placed s were id blood s 18, on 94% on it ent's blood cumented ent at 7:18 uity level of nented rs and 9 e patient at it Director of /2/07 at uplain why it	esano kukana ka kadana ka kakana ka kadana ka kadana ka ka kadana ka					
/	presented to the I	a 7 month old male ED on 9/24/07 at 6:14 would not eat and wa	4 PM. His	минера да веремента по	water-productional agents		A constitution of the cons		

Bureau of Facility Standards STATE FORM

HHWUTT

STREET ADDRESS, CITY, STATE, AP CODE STREET ADDRESS, CITY, STATE, AP CODE SUMMERY STATEMENT OF DEPOCENCY IS EACH DEPOCH WHAT SE PRESENCE BY STATE EACH DEPOCH WHAT SEPTIMENT OF DEPOCH SEPTIMENT STATE EACH DEPOCH WHAT SEPTIMENT OF DEPOCH SEPTIMENT STATE EACH DEPOCH SET STATE EACH TO THE APPROPRIATE ONE EACH TO THE SEPTIMENT OF DEPOCH SEPTIMENT STATE EACH TO THE APPROPRIATE ONE EACH TO THE A	and flan (STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130013 NAME OF PROVIDER OR SUPPLIER STREET A				PLE CONSTRUCTION STATE 715 CODE	(X3) DATE SURVEY COMPLETED C 10/03/2007	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION; BB297 Continued From page 6 more. The patient was moved to a room in the ED at 7:24 PM but triage was not documented until this time. His vital signs were within normal limits and he did not have a fever. The patient was asssigned an aculty level of 4. The patient was examined and discharged to home at 8:20 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not	1 2			1512 TWE	LETH AVEN	BUDEN HOMEN HOLDEN		
more. The patient was moved to a room in the ED at 7:24 PM but triage was not documented until 8:05 PM (1 hour and 51 minutes after arrival). No assessment was documented until this time. His vital signs were within normal limits and he did not have a fever. The patient was asssigned an aculty level of 4. The patient was examined and discharged to home at 8:20 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not	PREFIX	GRACH DEFICIENC	Y MUST BE PRECEDED SY	FULL 1	FREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	NILD BE	COMPLETE
		more. The patient ED at 7:24 PM but until 8:05 PM (1 ho arrival). No assess this time. His vital and he did not hav asssigned an aculi examined and discont 10/2/07 at 2:35	t was moved to a roo triage was not docur our and \$1 minutes a sment was documen signs were within no e a fever. The patier by level of 4. The patier charged to home at 8 ED, an RN, was into PM. She stated she	mented fiter ted until rmal limits nt was lent was :20 PM. erviewed could not				

Bureau of Facility Standards
STATE FORM

C.L., "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 31, 2007

Joseph Messmer, Administrator Mercy Medical Center 1512 Twelfth Avenue Road Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On **October 3, 2007**, a Complaint Investigation was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003173

Allegation: A patient in the ED was not triaged and treated in a timely manner.

Findings:

An unannounced visit was made to the hospital on 10/1/07 through 10/3/07. Nursing and Medical Staff were interviewed. Emergency Department (ED) policies and 28 clinical records of ED patients were reviewed. The ED was observed.

Policies related to triage in the ED did not match the practice of the hospital. The policy "PROTOCOL & PROCESS FOR TRIAGE AND PRE-REGISTRATION", dated September 2003, stated "All patients will be seen by the Triage nurse <u>before</u> pre-registration." This did not occur. A tour of the ED was conducted on 10/1/07 at 10:45 AM. Walk-in patients went to a pre-registration area and were pre-registered prior to being brought to the waiting room outside the triage area.

The policy "Triage Nurses Responsibilities", not dated, stated "1. The triage nurse will initiate the triage process within 2-5 minutes of the patient's arrival." This did not occur. Triage did not occur for over an hour in some cases.

The policy also defined Acuity Categories which called for reassessment of patients at intervals based of acuity levels. These levels included:

Level 1 - resuscitation: continuous care

Level 2 - emergent: every 15 minutes

Level 3 - urgent: every 30 minutes

Level 4 - semi-urgent: every 60 minutes Level 5 - non-urgent: every 120 minutes"

The hospital did not document reassessment based on these time frames. A deficiency was cited at 42 CFR 482.55(a,3) for the failure of the hospital to implement policies related to triage and monitoring of ED patients.

Some patients had to wait lengthy intervals to be seen by a practitioner. Unfortunately, long wait times are common in EDs around the state and around the country. Regulations do not specify time frames for patients to be seen.

At the time of the survey, the hospital was currently under construction to expand the ED. In addition, the hospital had hired more physicians in an attempt to decrease wait times.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw



HEALTH & WELFAR

C. L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 31, 2007

Joseph Messmer, Administrator Mercy Medical Center 1512 Twelfth Avenue Road Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On October 3, 2007, a Complaint Investigation was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003203

Allegation #1: A nurse removed a back brace from a patient without consulting the physician.

Findings:

An unannounced visit was made to the hospital on 10/1/07 through 10/3/07. Nursing and Medical Staff were interviewed. Emergency Department (ED) policies and 28 clinical records of ED patients were reviewed. The ED was observed.

Three sampled ED records documented patients who arrived on backboards. All 3 records documented patients were taken off of the backboard following approval by the physician. Two Registered Nurses (RNs) stated, on the afternoon of 10/2/07, that removing patients from backboards was a complex process that required at least 3 staff. The staff stated this was never done without the physician's approval. One patient record documented a 16 year old male who arrived at the ED via ambulance with a backboard in place, following an MVA. Documentation showed the backboard was removed by staff per the order of the attending physician. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Joseph Messmer October 31, 2007 Page 2 of 3

Allegation #2: The hospital did not repond to patients' grievances.

Findings:

The hospital had a formal process in place to accept, investigate, and respond to grievances. In addition, the hospital had a full time Patient Advocate who assisted patients and their family's with concerns. A log was kept to track grievances. The Patient Advocate was interviewed on 10/2/07 at 10:45 AM. The Patient Advocate discussed one case involving a minor and a motor vehicle accident. The parent met extensively in person and/or by telephone with the hospital's Medical Director, the physician Director of the ED, the attending physician, and the nurse Director of the ED. The hospital had expended significant resources to respond to this parent. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: A patient did not receive appropriate treatment in the ED.

Findings:

Clinical records of 19 ED patients who received medical screening examinations and treatment were reviewed for care and treatment purposes. The remaining 9 patient records were reviewed for other purposes. All 19 records documented examination by a physician and evaluation of patients through laboratory, radiological, and/or other testing. For example, one record documented the care of a 16 year old male brought to the ED on 7/26/07 at 3:38 PM following a motor vehicle accident. He was triaged on arrival. He was examined by a physician. He had radiologic examinations of his cervical, thoracic, and lumbar spine. He had radiologic examinations of his ribs and shoulder. These were all negative. He was prescribed Ibuprofen and Flexeril for discomfort. He was discharged ambulatory to home at 6:15 PM. The physician documented the patient was stable at discharge.

Federal and state regulations require that patients are examined by appropriately qualified personnel who then make medical judgements and render treatment based on those judgements. The correctness of diagnoses and treatment are civil matters and are not addressed by regulations. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: The hospital failed to notify a minor's parents of the patient's admission to the ED.

Findings:

All of the sampled ED records of minor patients documented they were accompanied by a parent, except for a 16 year old male brought to the ED on 7/26/07 at 3:38 PM, following a motor vehicle accident. He was treated and discharged to home at 6:15 PM. Someone other than the patient signed the consent to treat. The relationship of this person was not documented. The Patient Advocate and the nurse Director of the ED were interviewed on 10/2/07 at 10:45 AM.

Joseph Messmer October 31, 2007 Page 3 of 3

They stated they had conducted an investigation of this event. They stated the patient had been given a telephone in the ED and had spoken to his mother but she had chosen not to come to the ED. They said the minor was accompanied by and left with a female adult who they thought was a relative. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw



HEALTH & WELFARE

C. L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 31, 2007

Joseph Messmer, Administrator Mercy Medical Center 1512 Twelfth Avenue Road Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On October 3, 2007, a Complaint Investigation was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003204

Allegation: A patient in the Obstetrics Department had an excessive blood loss during labor.

The nurse did not notify a physician of the bleeding in a timely manner.

Findings: An unannounced visit was made to the hospital on 10/01/07. Ten clinical records were reviewed of obstetrics patients and their babies who had difficulties during labor or after delivery. Additionally, staff who worked in the obstetrics department were interviewed.

One patient's record documented that she was admitted to the hospital for the induction of labor on 7/6/06. An RN documented, on 7/7/06 at 1 AM, that the patient "reports that she is bleeding - bloody show evident on pads. Will continue to monitor." The RN further documented, at 3 AM, that the patient continued to have "bloody show" and that she confirmed that the amount of bleeding was within normal limits with two other RN's that were on duty. Additional documentation at 6 AM stated the patient continued to have "bloody show." The record documented the infant was delivered with the assistance of a vacuum on 7/7/06 at 8:05 AM. The physician's delivery note, dated 7/7/06, documented the umbilical cord spontaneously broke from the placenta after the infant was delivered.

The physician's note documented the cord was not attached to a normal location on the placenta. The note further documented that the estimated blood loss was 400 ml.

On 10/2/07 at 10:04 AM, the charge nurse for obstetrics reviewed the medical record. She stated it was normal for nurses in the obstetrics department to consult with one another. She stated that a 400 ml blood loss during labor and delivery was within normal limits. At 10:15 AM, a MSN (Masters of Science in Nursing) who had 30 years experience in obstetrics stated it was normal for a woman in labor to have "bloody show and that a 400 ml blood loss was within normal limits. Additionally she stated it was normal not to notify a physician when a woman in labor had "bloody show".

Laboratory results following delivery showed the patient was mildly anemic. She did not require a transfusion. No significant complications for the mother or baby were documented. They were discharged to home on 7/8/06.

All patient records reviewed contained documentation that staff acted appropriately when a patient had difficulties during labor or delivery.

The complaint was unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw